**REPORT OF FACILITY CHANGES/ADDITIONS**

**Please fax to DWI Services – 919-508-0963**

Please note any changes and submit this form to DWI Services within 10 working days of any change/addition. Attach documentation as necessary.

**Facility:** _____ **DWI Facility Code:** _____

**Mental Health License #:** _____ **Expiration Date:** _____

| **Facility/Staffing Info** | **Does information need to be changed/added?** | **If checked <u>YES</u>, indicate change(s) below** |
|---|---|---|
| Facility name | Change ☐ yes ☐ no | |
| Mental health license/exp date | Change ☐ yes ☐ no | |
| Physical Location & County | Change ☐ yes ☐ no | |
| Mailing address | Change ☐ yes ☐ no | |
| Telephone | Change ☐ yes ☐ no | |
| Fax # | Change ☐ yes ☐ no | |
| Email | Change ☐ yes ☐ no | |
| Facility website | Change ☐ yes ☐ no | |
| Owner/management entity | Change ☐ yes ☐ no | |
| Clinical director | Change ☐ yes ☐ no | |
| Direct care staff | Change ☐ yes ☐ no | Name<br>_____<br>Job Title<br>_____<br>**Must send NCSAPPB credentials** |
| Contact person for DWI | Change ☐ yes ☐ no | Name<br>_____<br>Job Title |
| Hours of operation | Change ☐ yes ☐ no | |
| DWI program components | Change ☐ yes ☐ no | |
| Date of Closure Records Transferred To: | Change ☐ yes ☐ no | |

Signature (Administrative Director): _____Date: _____

Name/Title: _____

Mail to: NC Division of MH/DD/SAS, Justice Systems, DWI Services, 3008 Mail Service Center, Raleigh, NC 27699-3008, ATTN: Lynn Jones